

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XX.

WEDNESDAY, JUNE 12, 1839.

No. 18.

CLINICAL REMARKS AT ST. GEORGE'S HOSPITAL.

BY SIR B. C. BRODIE.

Anomalous Cases of Hysteria.—We have often drawn the attention of our readers to the medical and surgical treatment of these cases in the hospital. There are, at present, two of this description under the care of Sir B. Brodie.

The first of these is a young woman whose countenance presents no hysterical indication, or unusual nervous appearance. She was admitted with apparent disease of the right hip-joint. In Sir B. Brodie's absence, Mr. Cutler examined her carefully, but could make out no organic derangement of structure, and Sir B. Brodie did the same, with a similar result. The patient's tale is, that about six years since, she received a kick from a horse, which confined her to bed for nearly three weeks, during which time she was leeches and blistered over the affected part, after which the hip became purple, yellow, blue, and black; and since this period the pain has continued with little or no intermission; she is able to walk about in the ward, but cannot bear pressure over the great trochanter, or the slightest rotation of the joint. Her appetite is good and her tongue clean, but her rest at night is very much disturbed. Sir B. Brodie examined her, both verbally and manually, with all that tact and acuteness which he so well knows how to display in all these nervous cases, but he could not detect her "tripping" in the slightest degree. He observed that the variation in color over the hip-joint, on which the patient laid so much stress, was either a lie or a mistake, most probably the former; and that although there was no evident disease of structure, yet there existed a very deplorable state of nervous system, characterized by many of the symptoms which she had described. She had been taking steel medicines in various forms since her admission, without deriving much benefit from them. As her case exhibited many symptoms which might be true or not, Sir B. Brodie desired Mr. Chappell to institute a most rigorous and searching inquiry into her case, with the view of detecting the chaff from the wheat, and report proceedings to Sir Benjamin Brodie at his next visit. This was accordingly done, but the house-surgeon could make out nothing more than what has been already stated; she was, therefore, recommended to take a trip into the country, as her health began to suffer from confinement to bed, where she had been for some weeks. Some time since she again presented herself for admission as an in-patient, and under Sir Benjamin Brodie

she was again admitted; her countenance now bore strong indications of good sound health, but the right hip was still the plague-spot of all her sufferings; she showed the same acute sensibility to pain, and whether the abdomen, the groin, the thigh, or the knee was pressed, the same hysterical shrinking from pain was equally evidenced. Sir B. Brodie was more than ever assured that the case was one of shamming, and at his next visit he determined upon putting her upon some medical treatment the unpleasantness of which would induce her to give up her malady and her medicine very quickly. He inquired of some of the pupils which was the most nauseous medicine within their experience; some recommended assafoetida, others assafoetida and lime-water, and others assafoetida and castor, but Sir B. Brodie ordered the following to be taken three times a-day: R. Sulphate of zinc, one grain; syrup, one drachm; camphor-mixture, one ounce and a half.

This, he said, would very soon draw the humbug out of the lady, and make her so internally unpleasant to herself that she would soon be a very different creature in more respects than one.

The next case, which came in on the day of the previous patient's fresh admission, was of a woman more advanced in years, and betraying still fewer indications of hysteria than her sister sufferer at the opposite end of the ward, either in countenance, voice or manner. She also complained of severe pain in one hip, which disturbed her rest at night; and stated that she was a severe martyr to piles, which she wished to have tied. On examining into these latter symptoms Sir B. Brodie found that they were all internal piles, and that upon straining at stool, they did not protrude, and consequently could not be tied. She was ordered to use an injection of cold water every morning until she felt relieved. In both of these cases, as well as some others in which there are hysterical pains in the joints, Sir B. Brodie observed that where you meet with a young person complaining of a tearing pain, or a grinding pain, or a pain as though scalding water were being poured upon the part, these sensibilities of parts may be almost always considered as purely nervous or hysterical, and quite independent of any local disorganization of structure.

With respect to both these cases the surgeon reiterated his orders that the examination of each might be very strict and searching, because, although it was very bad to mistake an hysterical affection for a real disease, it was yet a thousand times worse to commit the opposite error of mistaking a real organic disease for a simple hysterical affection.

Necrosis.—There have been several cases of necrosis lately in the hospital, and we here condense the remarks made at different times on the various cases presented to notice.

"In cases of necrosis you will sometimes find that sinuses and abscesses will form in the portions of new bone as well as in the old. These are frequently the cause of great pain to the patient, and when you have three or four of these abscesses bursting about the same time, you are sometimes obliged to amputate the limb. I once had a case of this kind, which I afterwards injected, and a very fine preparation it was. On making a section of it I found a large rough mass of new bone, but

in the centre of the cancellous structure there were numerous small abscesses; I remember that before I amputated the patient's limb in the case, saying to myself, 'there is surely no dead bone here; then why does not the man recover?'

"Sometimes, in these cases, there may be no dead bone, or there may be a small portion only at the bottom of a sinus. In such cases you must wait for a short time, and see whether the abscesses will heal spontaneously or not. Now if an abscess occurs in the soft textures it will sometimes not heal, from the predominance of muscular action. In such a case, however, as this, there is no muscle, but there may be a portion of dead bone at the bottom of a bony sinus preventing the free egress of matter. In such a case you must lay open the parts to the bottom, in order to remove the dead bone, or to allow a free exit to the matter pent up; such an operation I performed in private practice only a short time ago. In the death of a bone a large portion of it may die, but it seldom happens that the whole shaft dies. The epiphyses of bones seldom die; but the greater part of the shaft of a bone may die, and a large quantity of new bone may be deposited, and matter may form between the dead and living bone, and point to the surface. When the tibia is affected in this manner it becomes much increased in size. There comes an oedema of the limb, followed by abscesses, at the bottom of which the probe detects a portion of dead bone. Now, with regard to the time at which this old dead bone should be removed from within the box of new bone which surrounds it, it ought not to be done until the dead is completely detached from all connection with the surrounding living structures. At first it is continuous with them, but it is like a slough, and eventually separates by exfoliation; the time which it takes to accomplish this varies much, and depends much on the constitutional powers of the circulation; I have known the stump of an amputated bone to exfoliate in three weeks, but a period of three months is more commonly required for such a process to be completed. There is no harm whatever in waiting one month too long, but there may arise much mischief in attempting to operate one month too soon. When you feel dead bone at the bottom of a sinus, cut down upon it, peel off the periosteum, and ascertain by the probe where is the best place to apply the trephine over the new bone to remove the old bone beneath. Sometimes you are not able to apply the trephine, and you must then use the chisel, if the parts are soft enough to allow of it; after the operation you will most probably have a very foul, ill-conditioned ulcer, and that portion of bone scraped by the saw will exfoliate. At first the tibia becomes much enlarged after the operation, but this increased mass soon becomes absorbed. It is astonishing, sometimes, how very large a portion of bone you have to remove, and how small a quantity of new bone is left behind. Sometimes the exfoliation of old bone is more rapid than the formation of the new osseous structure, which generally accumulates very slowly, and with a large deposit of periosteum on its surface. These cases I generally treat as I do fractures, and put them up in splints until the new osseous deposit is nearly completed. Such are some of the circumstances connected with the treatment of necrosis,

and they become the more interesting and valuable when we compare the present improved method of cure adopted in these cases with the old unscientific method followed formerly."

Scald Head.—A child who labors under this affection, and who is under Sir B. Brodie's care, had had several different applications made to the shaven scalp, but without any benefit being derived from them. The latter treatment has more particularly consisted in having the head shaved, and the scalp lightly touched with the strong acetic acid. This, however, caused so much pain, that it was necessary to stop it; and thus the remedy has not had a fair trial, nor is the disease in the least degree abated. Sir B. Brodie ordered the head to be again shaved, well washed with brown soap and water, and the ointment of the nitrate of mercury applied to it every morning. Whilst standing by the patient's bedside, Sir B. Brodie inquired whether any other surgeon, either in or out of the hospital, had seen the case, or given their opinion upon it, which question being answered in the negative, he observed that the red precipitate of mercury, in the proportion of two drachms to one oz. of ointment, was an exceedingly valuable preparation in some cases of the kind. He was acquainted with a surgeon who cured such cases by subjecting the scalp to the steam of hot water for one hour daily.—*Lancet*.

"THE MINISTER'S AIL."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have observed, in recent Nos. of your excellent Journal, remarks by several of your correspondents upon the causes, &c. of the "minister's ail," alias "impaired voice in clergymen," some of which I would ask leave briefly to notice. I am aware that your pages might be occupied with matter far more interesting and important than anything that I can offer; yet as the design of your Journal is the advancement of science and the alleviation of the "ills to which flesh is heir;" and as some sentiments have been advanced, which, in my mind at least, do not comport with these objects, perhaps the few thoughts that may have suggested themselves may not be deemed unworthy a place in your paper. Otherwise please throw them under the table.

There is no doubt that the vitiated air in crowded assemblies, as Dr. Woodward observes, has a pernicious effect upon the vocal organs of public speakers, as it does upon the whole system; but that the air which the minister, from his elevated situation, inhales, is more impure, is contrary to fact. Respired air, from a relative increase of carbonic acid gas (an agent which in a concentrated state acts specifically upon the glottis), and from the exhalations from the respiratory organs, becomes specifically heavier, and consequently sinks to the bottom. Hence the lower strata of air in the room are rendered sooner and more vitiated than the upper. This is clearly shown by the lights in such a room, those burning more dimly in the lower part than the ones more elevated. The same fact may be illustrated at any time upon a small scale, by placing several tapers, at different elevations, in a glass receiver;

as the oxygen of the air becomes exhausted by combustion, and carbonic acid gas is eliminated—a result similar to that effected by respiration—the lower taper will burn dim and go out first, the next above will succeed, and so on to the last. The mephitic air in old wells, pits, &c. exhibits the same phenomena in its influence upon combustion and animation; that in the lower parts being always found the most impure and deleterious.

Dr. W.'s views respecting the use of tobacco are good, and fully agree with my own.

One of your correspondents tells us the cause of "the affection" is the non-use of tobacco—or rather, perhaps, that the use of it is a preventive; another, that cold water is the cause. Now I think facts are against both these "opinions."

Dr. Mauran founds his opinion upon the fact that the disease is more common now than formerly, when the clergymen were in the habit of using tobacco—that he had known no case of the affection in those who use it—and also, that public speakers of other professions are exempt from the disease. This array of evidence, at first view, appears quite formidable. Yet the same arguments might be used, with the same propriety, in favor of alcohol; for twenty-five years since, as many ministers, comparatively, used ardent spirits, or at least took a "little wine for the stomach's sake," as now refrain from tobacco. And further, I have never known one using alcohol, troubled with the affection, while I have others, who do not. Nevertheless I believe Dr. M. would hardly be ready, from this fact, to consider it a preventive, or prescribe it as a remedy. But that tobacco is not a preventive, the cases instanced by Dr. W. and Professor Mussey, clearly prove; and these, with other cases, which, upon further reflection and investigation, they have no doubt might be adduced, show that the disease is comparatively as frequent and as severe in tobacco-users as in others. I can hardly believe that nature requires, for the integrity of the vocal or any of the other organs, the continued use of an agent so powerful and deleterious as this. But were it proved that tobacco is a prophylactic for the disease in question (which is far from the case), I, for one, should consider the "remedy a little worse than the disease;" for there can be no doubt that its effects upon the system, and especially upon *some*, at least, of the vocal organs, are very pernicious, to say nothing of the *other* "tendencies" of this filthy and offensive practice. Your last Journal contains a case of cancer of the tongue, which, there is much reason to suppose, was caused by tobacco, and which, with a multitude of other similar cases of disease of the lips and tongue of tobacco-eaters, presents as strong arguments against this article as any that have yet been adduced in its favor. I heard Professor Mussey remark, a few years since, that of the numerous cases of cancer of the tongue and lips, which had come under his practice, he never knew but *one* that occurred in an individual who was not in the practice of using tobacco, either by chewing or smoking, or both; and, further, that they (the ulcers) uniformly occurred in those parts where the cigar and quid were accustomed to be held. And if I recollect rightly, he stated, at the time, that Dr. Warren's expe-

rience corresponded with his own; or, rather, that he (Dr. W.) had never seen a *single* case that was not connected with the use of the "weed." My own limited experience affords me one case of a severe ulcer of the mouth, which the patient considered very formidable, until the cause was removed—that is, the quid shifted to the other side of the "box." Who, then, would not rather run the risk of losing the voice by the "throat affection," than by the extirpation of the tongue? Unless, therefore, there be stronger reasons presented in favor of the use of this narcotic than any I have yet seen, though there may be some "worthy and respectable divines who habitually chew and smoke" without being "found lingering about the bar and grogshop," I think we had better continue to "preach" against the "vile practice."

Your Gray correspondent assures us that the cause of this disease is the practice of taking cold water while speaking. There is, I believe, as little foundation for this opinion as for the one which I have just considered. He says he would scarcely thank a man to tell him what is *not* the cause of a particular effect, if he cannot tell him what *is*. Now I have been instructed that it is oftentimes as important to know when not to give medicine, as when to give it; so there may be cases, I conceive, where it may be as essential to know whether a particular agent is not, as whether it is, the cause of a particular disease—or, at least, it is far better to suppose ourselves ignorant of the cause of a certain effect, than to attribute it to a wrong one. Therefore, though I may not be able to show what is the cause of the affection under consideration, Dr. A. will pardon, if not thank me, if I say cold water is *not*. Dr. M. in his communication, remarks that "the affection" is confined exclusively to ministers, and this I believe to be the case. Now so far as my observation goes, there are but very few of "the order" who are in the habit of taking cold water while speaking (and I have never known one that was, complain of "the affection"), while the practice, I believe, is quite common with public speakers of other professions, who, it has been stated, are exempt from the disease. These, I think, are facts which a consideration of the state in which the vocal organs are often found during speaking, and the known effects of cold water upon parts in such a state, fully support.

Dr. Allen says, "if they" (public speakers) "are afraid of the contact of the air with the larynx and lungs after speaking, ought they not to be doubly afraid of the contact of cold water with the former during speaking?" I would answer, no; for I conceive the effects of the application of cold to these parts in these different states, to be as dissimilar as that upon a person while at labor, and while at rest after he has ceased; or as the effects of the cold bath in the hot and cold stages of an intermittent. In one case the organs are in a state of excitement and fever, or incipient inflammation; in the other, this state has passed off, and reaction taken place. In some individuals, from a peculiar idiosyncrasy or delicacy of the vocal apparatus, loud and continued speaking produces irritation, congestion and fever of the vocal cords. Consequently the secretions are suspended, and the voice becomes dry and husky. A swallow or two of cold water taken now,

instead of serving simply "to wash down the saliva," the flow of which is mostly, if not entirely, suspended, serves to subdue the fever, remove the congestion, and restore the vessels to their natural state, and thus promotes the requisite secretions; so that instead of being a cause, I think it rather a preventive of the disease.

It may perhaps be asked why speaking does not affect all alike. In reply, I would ask why the same causes do not always produce the same effect in all—why "one person is affected by certain agents, which, if applied to a hundred other persons, would produce no effect"—why, of the multitude of operatives who enter our cotton mills, a few, who on entering are as robust as any, find themselves, by symptoms of incipient phthisis, induced by the flyings, warned to leave, while others, occupying the same rooms, boarding at the same house, and living in all respects like them, can labor on, year after year, without any apparent inconvenience to the lungs.

If, in closing these remarks, I am asked for a "theory to take the place of the ones I have attempted to destroy," I would simply add, that the affection is caused by speaking, and the remedy is the same as that for any other, viz., removing the cause, or ceasing to speak.

Annisquam, May 28, 1839.

Yours truly,

A. D. BACON.

EFFECTS OF TOBACCO ON THE VOICE AND HEALTH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Just a word or two by way of remark, and the relation of two or three cases in point of the subject before us, shall be all at present—leaving the discussion to those able individuals who already have "the floor."

Truly the *throat disease* in clergymen has become a troublesome one to both patient and physician. I myself have had my skill put to the test in it, and have failed; but it never once occurred to me to prescribe tobacco in any form. Indeed, I have thought that preaching would not do me as much good, if I knew that the preacher used tobacco, as it otherwise might. But I will away with all prejudice, and if tobacco is a useful remedy in this disease, let us have it; for although there are strenuous objections to its use, when two evils present themselves we should always choose the least. But its effect upon the nervous system is greatly debilitating, which certainly must go to prove its unfavorable tendency in this disease. Again, tobacco greatly increases the flow of saliva, which generally being thrown out of the system, must debilitate it, and derange the digestive functions. This increased flow of saliva, too, by constantly filling the mouth, is a great detriment to public speakers. I can hardly agree with one of your valuable correspondents, when he says that "the class of people who use tobacco, in chewing or smoking, are the most healthy and robust part of the community." If he will walk abroad with me through the different classes of community, I think I will show him more amongst the pale-faced, emaciated

and consumptive, that use *the weed*, than amongst the fresh, vigorous and healthful. But actual experiment, and facts which are the result of experiment, are what we need in order to establish this controverted point; for it is a sober reality that facts—stubborn facts—spoil many a finely wrought theory. But to the cases in point.

1. A lady, who has been constantly under my observation for these thirty years, became, about ten or twelve years since, suddenly affected with general nervous debility. Her mental, suffering with her physical powers, she soon became gloomy and desponding, and strange, for a lady of her standing, she took up the practice of smoking tobacco. In a year or two after this habit was formed, her voice failed—she became, indeed, entirely speechless; for a year or more she could not articulate, even in a whisper, but during all that time communicated with her friends by writing. For two years longer she could articulate only in a whisper. After this, her voice gradually improved so that she could pronounce monosyllables. For a few years past she has been able to converse with an audible voice, yet evidently with much effort, and studiously avoiding all words that are not absolutely necessary to convey her ideas. She still rigidly adheres to the habit of smoking tobacco.

2. For several years I was intimately acquainted with a Baptist minister who was an inveterate smoker. His voice was weak, and would sometimes fail entirely. He was pale, sickly and emaciated.

3. The author of this paper was once a *great smoker*. The habit was kept up for about six years. He found it to be increasing upon him yearly. His nerves became over excited—his hand trembled—and more than once, when he had occasion to use the knife or lancet soon after smoking, he found the trembling of his hand to be a serious difficulty. Ten years ago he resolved to break off from the disgusting habit. He did so at once—and as St. Paul did by the viper on the island of Melita, “he shook off the beast into the fire, and felt no harm;” on the contrary his health evidently improved, and his hand became steady and has remained so. And here he would remark, that it is a notorious fact, that during those years that he used tobacco, as well as in the earlier part of his life, he was almost constantly troubled with a sore throat—and since he has left off its use, it has troubled him scarcely any. He would not say, however, that smoking tobacco had anything to do in keeping up the sore throat, or that quitting the habit effected the cure—for he thinks it did neither; but one thing is certain in regard to it—the use of tobacco did not cure the disease.”

Respectfully yours,

E. G. WHEELER.

Unionville, May 30, 1839.

ON THE DIVISION OF THE STERNO-CLEIDO-MASTOID MUSCLE FOR THE CURE OF WRY-NECK.

THE great success of the operation lately introduced by Stromeyer for the cure of club-foot, has directed the attention of the profession to the benefit arising from the use of the knife in all cases of permanent contraction of the muscles. Professor Dieffenbach gives, in the paper

before us, the outline of thirty-nine cases in which he divided the sterno-cleido-mastoid muscle, in one of which only the operation was unsuccessful.

The operation is thus performed. The patient being seated on a chair, one assistant draws the head towards the healthy side, whilst another depresses the shoulder of the affected side. The contracted muscle is thus brought to stand further out, and is seized between the thumb and forefinger of the left hand, and drawn powerfully downwards. A strongly-curved bistoury is now introduced behind the muscle, and pushed forwards till its point is felt beneath the skin on the other side of the muscle. The edge of the knife is then turned towards the muscle, and its fibres divided by withdrawing it, taking care not to injure the integuments. When the muscle of the left side is that which is to be divided, the knife is introduced in the triangular space formed by the two portions of muscle about two inches above their insertion, and from this point first the anterior portion, and then, if necessary, the posterior portion is divided. When the contracted muscle is that of the right side, the knife is introduced between the trachea and muscle; the anterior portion is first divided, and then, from a second puncture between the two portions of the muscle, the posterior portion is separated. In the instant of withdrawing the knife the thumb is pressed firmly upon the wound, to prevent the extravasation of blood beneath the skin, and a compress is applied, which is retained in situ by strips of adhesive plaster and a bandage. Two cloths are passed round the neck, with a view to give support to the head, which is allowed to retain its wry position, partly to prevent the extravasation of blood, and partly to favor the reunion of the muscle.

In general the wound heals in a few days. There is generally some swelling over the part where the muscle was divided, and fluctuation is occasionally felt, owing to the extravasation of a small quantity of blood. In such a case the compress is applied more firmly, and stimulating embrocations are had recourse to. Sometimes, though very seldom, suppuration takes place; this accident calls merely for the evacuation of the pus, and the simple treatment of the wound.

In some of his first cases, Professor Dieffenbach employed various means of extension, to bring back the head to its natural position; but he afterwards found a stiff collar of pasteboard, so constructed as, from the uneasiness it produced, to force the patient to turn the head in the contrary direction, quite sufficient to restore the natural position.

We shall give one or two of the cases, taken at random, as illustrations.

CASE. I. C. Meir, aged twenty-four, affected with congenital contraction of the sterno-mastoid muscle, producing strongly-marked scoliosis. When thirteen years of age he began to wear a mechanical apparatus, which he continued for some years, but afterwards gave up, as the scoliosis continued to increase. Both insertions of the muscle were divided, and a compress and bandage applied as already described. Neither extravasation nor suppuration took place. The patient remained in bed ten days; gentle extension of the neck was then em-

ployed, and in three weeks the cure was complete, and the position of the head natural.

CASE XV. Carl Von Schuck, a very lively boy, had been treated according to the most approved system of orthopedy for a considerable time, without benefit. The muscle was divided; some days after the operation, fluctuation from extravasated blood was perceptible, but augmented pressure produced its absorption. At the end of six weeks the boy left Berlin perfectly straight.

CASE XXXVII. A boy aged twelve. The right sterno-mastoid was very much contracted, and the head in consequence approximated to the shoulder. This patient had already been operated upon according to the older method; the muscle had been laid bare and afterwards divided, but the contraction returned as soon as the wound healed. The muscle was again divided according to the same method, and although means of extension were had recourse to during the cure, the contraction again returned. According to the report of the father of the patient, this treatment occupied three months. Owing to the induration and adhesions produced by the former operations, Professor Dieffenbach found it necessary to divide the muscle near its middle. The after treatment was as usual; no means of extension were used, simply the pasteboard collar. No extravasation or suppuration followed; the patient was able to go out five days after the operation, and the head regained its natural position.

Of the thirty-nine cases, nine were owing to contraction of the left, and thirty to contraction of the right sterno-mastoid muscle.—*Medicinishe Zeitung*.

A TREATISE ON NEURALGIA.*

THERE is a peculiar unsatisfactoriness in the term neuralgia, as it is applied to designate a symptom of very various diseases. A tumor presses on a nerve, or a nerve is so complicated in the growth of a tumor as to give rise to extreme pain; the cause consists in accumulated feces, diseased bone, organic disease within the head of various kind, carious teeth, acid secretions in the stomach, &c.; and we call a peculiar pain produced by these and other concurrent causes, neuralgia. The volume before us is a creditable monument of its author's industry in collecting together multitudinous forms of neuralgia from very various sources; but the very nature of the subject is such, unfortunately, that, after having perused the book, we feel the need of some knowledge by which to arrange and systematize the various facts, so as to deduce from them some sound pathological principles and some definite and satisfactory rules of practice; and for this purpose a large number of present facts require, from their incompleteness, to be entirely rejected; they are useless as affording ground for any legitimate deductions. We do not mean by these observations to condemn Dr. Rowland's book, which is well worthy of notice.

* A Treatise on Neuralgia. By Richard Rowland, M.D. London, 1833. 8vo., pp. 172.

The volume commences with some general considerations on the subject of neuralgia; particular forms of the disease are next treated of as occurring in external nerves; the consideration of the disease as occupying internal organs, together with some cases, terminating the volume.

We shall allude to Dr. Rowland's observations on spinal tenderness as accompanying various forms of neuralgia; a subject which we believe to be as much overrated by some medical men as it is underrated by others. We do not mean to advocate any theory on the subject; but merely to state as a fact, that there exist certain pains of a neuralgic character; that tenderness on pressure of the spinous processes of some one or more vertebræ coexists with such pains; and that relief is obtained by remedies applied to such painful vertebræ. The frequency of such a condition, we believe, has been much aggravated; and we are glad to find Dr. Rowland stating that, "with regard to the frequency of neuralgia from spinal irritation, my opinion does not coincide with the opinion of some recent authors; for, in the majority of cases, I have not been able to detect any sign of tenderness over the vertebral column; I have the authority of Dr. Alison for saying that he has arrived at the same conclusion." It is a question in these cases how far the spinal tenderness is a mere associate of the other pains; for it is not unfrequently found that a tenderness, apparently of the same character, exists in individuals apparently in good health. The same sign has been much lauded of late as a method of distinguishing from inflammation such abdominal pains as are of a neuralgic character. On this point Dr. Rowland speaks satisfactorily from his own experience. "After a careful examination of a large number of cases, I feel justified in remarking that this diagnostic sign cannot be trusted with safety. It is entirely absent in many cases of visceral neuralgia; and, in some cases of chronic visceral inflammation, unattended with disease of the spine, tenderness over the vertebral column is present." We think it worth noticing that the author has found that the troublesome pains which sometimes accompany shingles, are often instantaneously relieved by touching the painful vesicles with lunar caustic; but that it is generally better to apply the caustic to the whole of each group, or to cover them with a strong solution of this substance. In that affection termed by Sir A. Cooper *irritable breast* (by the author, *neuralgia mamma*), "much benefit may be derived, at least in the milder form of this affection, by the application of leeches, or by cupping over the sacrum or in the uterine region. I have often," says Dr. Rowland, "seen the symptoms disappear under this treatment, when no application has been made to the breast." It does not consist with our limits to make any further extracts from the work before us, which will, however, repay the trouble of an attentive perusal.—*British and Foreign Medical Review.*

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 BOSTON, JUNE 12, 1839.

DIABETES MELLITUS.

In the course of a familiar letter from Dr. Joseph H. Flint, of Springfield, Mass., a gentleman distinguished in the profession, he remarks, that within the last twenty years he has made post-mortem examinations of eight cases of this disease. Some of them had been under his own personal care, and others were patients of neighboring physicians, from whom he derived a complete history of each case. There were certain symptoms which it was clearly ascertained had uniformly preceded the development of the malady, and accompanied it through all its stages, that led him to suspect the existence of a cerebral affection, and—"I have therefore," says Dr. Flint, "in every case, examined the brain as critically as my knowledge of that organ enabled me to do." This course ultimately put him in possession of a series of interesting pathological facts, he conceives, connected with the origin of diabetes mellitus, which may be hereafter of considerable importance. "My convictions are," he adds, "that diabetes mellitus is a symptom of cerebral affection, *primarily*—and that death is in consequence of *lesion* of the brain. I am desirous that this suggestion may lead others to a more particular examination of the cerebral mass," which may eventuate in the discovery of a more successful treatment of a very remarkable disease, generally regarded as incurable.

Being satisfied, from our knowledge of Dr. Flint's character and powers of discrimination, that he has not made the foregoing suggestions without carefully weighing the matter in all its relations, it behooves those who have the opportunity, to verify his researches, or show how he has been deceived. As the subject will be likely to interest practitioners, they have a right to expect a full and carefully-drawn statement from our respected correspondent, as soon as the multiplied concerns of a large circle of practice will permit.

Medical Appointment.—By the removal of Dr. Parker from Cincinnati, the chair of surgery has become vacant. It is presumed that the Trustees of the Cincinnati College understand their interest well enough to know that Dr. Gross, now in the department of pathological anatomy and physiology, is esteemed to be the best qualified to fill Dr. Parker's place. To popular and courteous manners, he unites those profound attainments in science, which command respect at home, and operate favorably for the welfare of the College abroad. Provided an arrangement like this were made, which seems to be in accordance with the public sentiment, then the question will arise, who shall fill the chair of pathological anatomy? One of the best pathological anatomists in New England, resides in Boston, who must ultimately become a public teacher, because it is hardly possible to conceal his light much longer under a bushel. It is not because there is any disposition to urge a man to emigrate, that these intimations are given; nor do we wish to palm off a second-rate fortune hunter upon the people of the West; but from a conviction that there is no apology on the part of a great corporation instituted expressly for promot-

ing science, if the most competent men are not selected for vacant professorships.

It must ultimately come to this, in the United States, that the French system of concours will be adopted, as the most certain method of securing the first grade of talents for our schools of medicine. There is ordinarily an undertow working in behalf of favorites, which modest merit cannot compete with. Hence the dilapidated condition, nay, positive deterioration, of so many medical institutions at this particular time.

Officers and Counsellors of the Massachusetts Medical Society, elected May, 1839.—President, George C. Shattuck. Vice President, Nathaniel Miller, of Franklin. Corresponding Secretary, John Homans. Recording Secretary, Solomon D. Townsend. Treasurer, Walter Channing. Librarian, George W. Otis, Jr.

Counsellors. 1st Department.—Drs. James Jackson, Benj. Shurtleff, J. C. Warren, John Randall, George C. Shattuck, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, S. D. Townsend, John Ware, Z. B. Adams, David Osgood, Edward Reynolds, Jr., Woodbridge Strong, John Jeffries, John Homans, George B. Doane, Jerome V. C. Smith, Geo. W. Otis, Jr., Samuel Morrill, Winslow Lewis, Jr.

2d Department.—Drs. Joseph Kittredge, Jeremiah Spofford, A. L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Richard S. Spofford, Calvin Briggs, Dean Robinson, Jonathan G. Johnson, Edward A. Holyoke, Wyatt C. Boyden, Rufus Longley, George Choate, George Osborn, Ebenezer Hunt, Charles O. Barker, William Prescott, Joseph Reynolds.

3d Department.—Drs. Thomas Bucklin, John Walton, Abraham R. Thomson, Timothy Wellington, Zadok Howe, William S. Walker, John C. Dalton, Josiah Bartlett, Daniel Swan, John O. Green, Joshua Green, Elisha Bartlett, Anson Hooker, Nehemiah Cutter.

4th Department.—Drs. Stephen Batchelder, John Green, Edward Flint, Benj. F. Heyward, Charles W. Wilder, Amos Parker, George Willard, J. Starkweather, John G. Metcalf, P. T. Kendall, J. S. Butler, Jos. Stone.

5th Department.—Drs. Joseph H. Flint, A. W. Stone, S. W. Williams, Eli Hall, Elisha Mather, B. P. Jones, David Bemis.

6th Department.—Drs. Henry H. Childs, Wm. H. Tyler, Asa G. Welch, Royal Fowler, Robert Worthington, Hubbard Bartlett.

7th Department.—Drs. Amos Holbrook, Nath. Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimpson, Ebenezer Alden, Noah Fifield, James Hewins, Charles Wild.

8th Department.—Drs. Alexander Reed, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall, Wm. A. Gordon, Paul Spooner, Samuel Sawyer.

10th Department.—Drs. Joseph Sampson, Aaron Cornish, Henry Tuck, Samuel Swift, E. P. Fearing, L. M. Yale.

Painful Affection of the Nerves.—Dr. Comstock, to whom we acknowledge ourselves, in common with the profession, greatly indebted for his various contributions to science, writes to us thus: "The account given of the sufferings of the poor boy at Charlestown, has induced me to address you at this time, and to inquire if the cyanuret-potassa has been used in his case. I have experienced so much of this remedy in allaying

nervous pain and irritation, that I have thought it a duty I owed to afflicted humanity to suggest it. I have usually used it in solution, say ten grains to an ounce of water. Doubtless blistering the part and applying sulphate of morphia has been tried. Blistering might precede the application of the cyanuret, and the strength of the solution be increased. The nitrate of silver, internally, has probably been administered in the form of pills. Have, also, the creosote and sach. sat. combined with opium, been used?"

Scarlatina in Maine.—A distinguished practitioner in Maine thus writes in relation to scarlet fever: "Several years since we had a tremendous rush of it. My neighbors lost almost all their first cases. After losing two, I changed my practice entirely, and out of twenty-two daily cases, did not lose another. The course was different from any I have seen reported in your Journal, and at my leisure I will give you the outlines of it. The practice in Europe, as well as here, has certainly been most unsuccessful—I might say, in fact, disastrous." On recognizing this note, which was extracted from a recent letter, we hope the talented author will not forget the importance of such a communication as he intimates may be hereafter prepared.

Compound Tooth Instruments. To the Editor.—SIR,—In reading the "Medical Miscellany" in the Journal of June 5th, I perceived that "a mechanic of Amesbury claims to be the inventor of the tooth instrument which I presented you." As these instruments answer well the purpose for which they were designed, it is not singular that a wish to claim, at least, a part of the invention, should be started by others. In regard to the "mechanic," if he is the one whom I called on to make the patterns (and I know of no other who could be tool enough to make such an assertion), I would say that it is very singular that he should have the capacity to guess out an instrument for extracting teeth, whose parts are so well adapted, when he probably never saw a tooth instrument of any form, unless it was whilst passing from the surgeon's hand to his mouth. If making, or rather attempting to make, patterns from drawings, whose every part and principle was laid down by me, entitles him to the invention, it shall be accredited to him. Without detracting from his mechanical powers, I will add, that I was under the necessity of making the patterns myself.

Yours respectfully,

Salisbury, June 6th, 1839.

I. B. GALE.

P. S.—These instruments are for sale by Mr. Metcalf, Tremont street, Boston.

I. B. G.

Medical Miscellany.—A ship carpenter, in New York, was poisoned last week by what was supposed to be a soda powder, sent from a druggist's shop.—Several New York papers praise the lectures on surgical anatomy and operative surgery, which have lately been delivered in that city by Dr. John Carnochan.—Dr. McMunn's elixir of opium is puffed without stinting by the editor of a comatose hebdomadal in a neighboring State. We are unwilling to believe that those eminent physicians whose names are familiarly appended to the wholesale vender's advertisement, ever had anything to do with it.—A medical student in New York, on being sued for his board bill, filed an account for feeling of the landlady's

pulse, but lost the case, not having the law on his side, because he was not a medical graduate.—Dr. Lewis amputated the arm of another man at Burnham's bakery, at Roxbury, on Thursday last, who was caught in the same machinery which obliged the surgeon to take the limb off at the shoulder-joint a short time since.—The annual circular of the Medical Institution of Yale College, for the term of 1839-40, is already circulated.—Dr. Francis S. Beattie has been appointed collector of the Port of St. Marks, Florida.—Dr. Thomas H. Hall, of North Carolina, is a candidate for Congress. Dr. Montgomery, of the same State, was a member last year.—Dr. John Davy, brother of Sir Humphrey, is about publishing the complete works of that celebrated chemist, in 10 8vo. volumes.—The operation for laceration of the perineum, by the quilled suture, as practised by M. Roux, has lately been successfully performed in England by Mr. Robert Davidson.—Mr. Everitt, of the Medico-botanical Society, London, recommends that all extracts, which are to be preserved for any length of time, be first entirely freed from moisture by placing them under an air-pump with sulphuric acid, and then kept in a close-stopped bottle.—Enos Hoyt, M.D., of Sanbornton, N. H., was recently re-elected president of the New Hampshire Medical Society.—Dr. Fletcher's truss is taking a high stand among the late inventions.

Money Mis-sent.—On the day of the annual meeting of the Medical Society, Dr. Huntington, the Mayor of Lowell, handed the editor of the Journal, by request, a paper containing \$10 50. On the outside there is written—"from Wells." The publisher has no account with any person of that name. The money, therefore, waits the order of the owner.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. May.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS.			Remarks.
	°	'	"	°	'	"			°	'	"	
1 Wed.	48	53	59	29.30	29.31	29.39	N E	Cloudy	47	54		Plant. China corn & Roman potat.
2 Thur.	46	60	67	29.31	29.30	29.30	S	Clear	47	72		Thund. rain. Mis. current in bloc.
3 Frid.	55	50	46	29.31	29.34	29.17	N W	Clear	52	61		Th. storm, wind, great rain. Peach
4 Satur.	36	45	46	29.29	29.40	29.40	N W	Clear	34	50		(trees in bloc.
5 Sun.	38	55	50	29.50	29.30	29.30	S W	Clear	31	58		High wind, showery.
6 Mon.	40	60	59	29.42	29.44	29.40	S W	Clear	31	64		Wild cher. & W. Colum. in bloc.
7 Tues.	39	49	51	29.45	29.53	29.53	N	Clear	30	58		
8 Wed.	32	50	50	29.61	29.54	29.38	S W	Clear	30	56		Fly honeysuckle in blossom.
9 Thur.	34	60	60	29.38	29.39	29.40	N W	Clear	46	69		Lightning, showery. Aurora bore.
10 Frid.	40	60	54	29.54	29.50	29.55	N W	Clear	29	64		Apple trees in blossom. Do.
11 Satur.	30	61	50	29.53	29.50	29.49	N W	Clear	25	61		Actes in blossom. Do.
12 Sun.	30	64	61	29.40	29.45	29.46	N W	Clear	34	59		Rhodora & Flow. Almond in bloc.
13 Mon.	45	68	56	29.39	29.40	29.35	S	Clear	43	69		Rain in n't. Tartarian Honeysuc-
14 Tues.	56	68	50	29.15	29.07	29.10	S	Rain	43	64		(ble in bloc.
15 Wed.	53	70	70	29.24	29.29	29.30	S	Clear	48	72		Showers in the night. Aurora
16 Thur.	50	76	64	29.30	29.23	29.30	W	Clear	57	74		Showery. Lilac in blossom
17 Frid.	56	66	50	29.30	29.33	29.34	W	Clear	53	66		
18 Satur.	51	67	63	29.30	29.40	29.40	N W	Clear	48	67		Persian Lilac in blossom.
19 Sun.	48	60	67	29.40	29.40	29.34	N W	Clear	46	70		Jessamine in blossom.
20 Mon.	50	70	66	29.38	29.34	29.43	N W	Clear	56	76		Iris in blossom.
21 Tues.	45	65	60	29.48	29.43	29.38	S W	Clear	46	69		Geranium maculatum in blossom.
22 Wed.	51	58	50	29.25	29.26	29.44	N E	Rain	43	53		Tulips in blossom.
23 Thur.	45	66	53	29.57	29.60	29.65	S E	Cloudy	45	63		
24 Frid.	44	58	51	29.55	29.56	29.45	N E	Cloudy	44	55		
25 Satur.	50	67	67	29.35	29.35	29.35	S W	Clear	48	73		Severe Thun. storm in the morn.
26 Sun.	54	78	69	29.28	29.30	29.31	N W	Clear	54	73		Mountain potentilla in blossom.
27 Mon.	50	78	65	29.34	29.30	29.15	S E	Cloudy	56	74		Scotch Rose in blossom.
28 Tues.	61	72	65	29.57	29.60	29.61	S W	Clear	61	74		Rose Locust or Acacia in bloc.
29 Wed.	50	74	65	29.60	29.64	29.65	S W	Clear	59	73		
30 Thur.	54	65	59	29.65	29.10	29.15	N W	Clear	53	65		
31 Frid.	48	65	56	29.18	29.16	29.17	N W	Clear	45	63		

The month of May has been very favorable to vegetation, and the season is unusually forward. There has been a plentiful supply of rain, and some severe storms. The thermometer has ranged from 32° to 76°; the barometer, from 29.91 to 29.65. The month has been damp, and not unusually warm.

ERRATA.—In Dr. Comstock's essay on Scarlet Fever, the word *congeries* was misprinted several times for *congeners*.

MARRIED.—In Durham, N. H., Alphonzo Bickford, M.D., to Miss Mary J. Smith.

Whole number of deaths in Boston for the week ending June 8, 58. Males, 14—females, 24.

Of consumption, 8—croup, 1—drowned, 4—disease of the spine, 1—typhous fever, 2—lung fever, 1—usually, 1—dropsy, 1—scarlet fever, 4—dropsy on the brain, 1—teething, 1—decline, 1—child-bed, 3—hooping cough, 1—infantile, 1—suicide, 1—inflammation of the brain, 1—old age, 1—disease of the brain, 1—debility, 1—inflammation of the bowels, 1—stillborn, 1.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1857.—“I have carefully examined the new Uterine Truss invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hall, and is, in all respects, a far superior instrument.”

See, also, “The Western Journal of Medical and Physical Sciences.”

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that “every word of Dr. Eberle's opinion is true.” Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1857.—“Dr. Thompson will be pleased to show you a Uterine Truss which he has invented, of very superior structure to anything we have.”

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1858.—“Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally.”

For sale in Boston by Theodore Metcalf, apothecary, No. 53 Tremont Row. Price, \$10.

June 12—17

OUTLINES OF THE INSTITUTES OF MEDICINE,

FOUNDED on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

“As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine.”

Extract of a Letter from Professor J. W. Francis, M.D.—“Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his labors, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of every student, and be often consulted by the medical practitioner with advantage.”

“New York, 1858.”

Just published by OTIS, BROADERS & CO., 130 Washington street, Boston.

N 20.

A GOOD STAND FOR A PHYSICIAN.

A PHYSICIAN, doing a good business in a pleasant village in the County of Worcester, wishes to introduce some active practitioner into his business, upon the most reasonable terms. Inquire of the editor of this Journal—postage paid. J. 5—47

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—1yeop

38 Prince St. corner of Salem St. Boston.

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